1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

99793

9895

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural
LENGTH OF STAY (in this place) 31/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Luda (Middle) (Last) Adams

4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept.12,1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Tenant	Farm	Absher N.C.	U.S.

13. FATHER'S NAME: Joseph Adams

14. MOTHER'S MAIDEN NAME: Susan Armes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-16-4295

17. INFORMANT & ADDRESS: Barbara Mittson, Aberdeen Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 4221 IMMEDIATE CAUSE	(A)	Cerebral Hemorrhage	24 hr
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Cardiovascular	3 mo
	DUE TO (C)	Arteriosclerosis	4 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		✓	

19a. DATE OF OPERATION 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1953, to Oct 12, 1955, that I last saw the deceased alive on Oct 11, 1955, and that death occurred at 5:10 P M, from the causes and on the date stated above.

SIGNATURE R. Snodgrass M.D. — ADDRESS (Street, city, town, state) Darlington Md — DATE SIGNED 10/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct.15,1955	Conowingo Baptist	Conowingo	Md.

24. REC'D BY REGISTRAR DATE Oct. 13'55 — REGISTRAR'S SIGNATURE Bertha B. Knight — 25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Tyson. ADDRESS Rising Sun, Md.

1

INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09794

CERTIFICATE OF DEATH

9785

Reg. Dist. No. 180

1. PLACE OF DEATH
COUNTY HARFORD — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 HAVRE de GRACE
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CARdiff X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) BARNETT (Last) BEATTIE

4. DATE OF DEATH (Month) October (Day) 18 (Year) 1955

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH JAN. 25, 1870
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John BARNETT
14. MOTHER'S MAIDEN NAME SUE Milligan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS MRS. MALCOLM SNODGRASS, BELAIR MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
155X IMMEDIATE CAUSE (A)	Respiratory failure	18 hours
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Generalized carcinomatosis	
DUE TO (C)	Biliary tract carcinoma	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION 10-12-55
19b. MAJOR FINDINGS OF OPERATION generalized carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1955, to 10-18, 1955, that I last saw the deceased alive on 10-17, 1955, and that death occurred at 3:15 M, from the causes and on the date stated above.

SIGNATURE James McC. Finney M.D. ADDRESS (Street, city, town, state) 330 S. Union Ave, Havre de Grace, Md. DATE SIGNED 10-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-20-55
NAME OF CEMETERY OR CREMATORY SLATE RIDGE
LOCATION (City, town, or county) DELTA (State) PA.

24. REC'D BY REGISTRAR DATE Oct. 20-55
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE John H. Harkins ADDRESS Delta, Pa.

RECEIVED
OCT 24 1955
BUREAU V. S.

9786

09795

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

Item 18 Film G188 11-7-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Harford County MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Street Rural

STREET ADDRESS (If rural, give location) Rt. #1 near Hill Top Drives

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) (Last) Blevins

4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2 - 1921

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Concrete Business

11. BIRTHPLACE (State or foreign country): Ash County North Carolina

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Oscar Blevins

14. MOTHER'S MAIDEN NAME: M. Mattie Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War II

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Wm Finley Box #187 Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Foster M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/18/55

NAME OF CEMETERY OR CREMATORY Bars Cemetery

LOCATION (City, town, or county) (State) White Top, Grayson Co. Va.

DATE REC'D BY LOCAL REG. Oct 17-55

REGISTRAR'S SIGNATURE M. L. Lewis

24. FUNERAL DIRECTOR John G. Tarring

ADDRESS Aberdeen Md.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09796

9806

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Hook Rd.
LENGTH OF STAY (in this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Hook Road
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Thomas (Last) Boggs

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 55

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 9 1945
9. AGE last birthday 10 yrs. IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Balto City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Simon J Boggs
14. MOTHER'S MAIDEN NAME Ruth Main

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS Simon J. Boggs Street Rd. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 201 X
IMMEDIATE CAUSE (A) HODGKIN'S DISEASE
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 23 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. **I hereby certify** that I attended the deceased from Nov. 1953, to Oct. 11 1955, that I last saw the deceased alive on Oct. 6 1955, and that death occurred at 2:35 A.M, from the causes and on the date stated above.

SIGNATURE Willard P Hudson M.D.
ADDRESS (Street, city, town, state) Forest Hill, Md.
DATE SIGNED 10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 13-55
NAME OF CEMETERY OR CREMATORY Bel Air Mem Gardens
LOCATION (City, town, or county) (State) Bel Air Md.

24. REC'D BY REGISTRAR DATE 10-14-55
REGISTRAR'S SIGNATURE Priscilla Forwood
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] ADDRESS Janettsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Harford

Sandy Hook Rd. 9 mo

Maryland Harford

Sandy Hook Road

—

Michael Thomas Boggs Oct 11 55

M W Single Aug 9 1945 MD 10 1 3

School Boy — Balto City

Simon J Boggs

Ruth Main

Simon J. Boggs Street, Md.

Burial Oct 13-55 Bel Air Mem Gardens Bel Air Md.

BUREAU V. S.

OCT 18

RECEIVED

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INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9787 **CERTIFICATE OF DEATH** 09797

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 24 Havre de Grace
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bel Air, Maryland x
STREET ADDRESS (If rural give location): Rt. #1, Box 324 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Foy (Last) Carico

4. DATE OF DEATH (Month) October (Day) 11 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8/29/1876
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm self emp.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Creed M. Carico
14. MOTHER'S MAIDEN NAME: Emaline Shuler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Claude F. Carico Bel Air, Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1 IMMEDIATE CAUSE	(A)	Coronary Occlusion	Sudden
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Coronary Artery Disease	?
	DUE TO (C)	Generalized Arterio-sclerosis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION**
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Oct 11, 1955, that I last saw the deceased alive on Oct 11, 1955, and that death occurred at 3:10 P.M, from the causes and on the date stated above.

SIGNATURE: Willard P. Heedson M.D.
ADDRESS (Street, city, town, state): Forest Hill
DATE SIGNED: 10/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/14/55
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens
LOCATION (City, town, or county) (State): Bel Air Harford Co. Md.

24. REC'D BY REGISTRAR DATE: Oct 14-1955
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John G. Tarring Aberdeen Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9788

CERTIFICATE OF DEATH

09798

Reg. Dist. No. 182

1. PLACE OF DEATH

COUNTY Harford — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 32 Bel Air

LENGTH OF STAY (in this place) 21 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air 32

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Mahala (Middle) V. (Last) Chambers

4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 1955

5. SEX F

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept 13-1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harford Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John W Chambers

14. MOTHER'S MAIDEN NAME Alice Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT & ADDRESS Alice Chambers Bel Air Md.

9

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE	(A) Arteriosclerotic CV disease	6 mo.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1955, to Oct 1, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE Gerald C Palmer M.D.

ADDRESS (Street, city, town, state) Bel Air, Md.

DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct 4/55

NAME OF CEMETERY OR CREMATORY Clarks Chapel

LOCATION (City, town, or county) Gibson Harford Co (State) Md

24. REC'D BY REGISTRAR DATE 10-3-55

REGISTRAR'S SIGNATURE Priscilla Fenwood

25. FUNERAL DIRECTOR'S SIGNATURE Joseph T Foster

ADDRESS Bel Air Md

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

RECEIVED
OCT 6 1955
BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09799

9789 **CERTIFICATE OF DEATH**

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 32 Bel Air
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Md 32
STREET ADDRESS (If rural give location) 309 Thomas St 1

3. NAME OF DECEASED (Type or Print) (First) Akris (Harry (Middle) (Last) Chilimidos Childs)

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1955

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH ✓ 1893
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Restaurant Business
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? Greece ✓

13. FATHER'S NAME Andrew Chilimidos
14. MOTHER'S MAIDEN NAME Agatha Mitakis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT & ADDRESS Mrs Harry Childs 309 Thomas St Bel Air Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1 IMMEDIATE CAUSE (A) Coronary Occlusion
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH None

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1940, to Oct 22, 1955, that I last saw the deceased alive on Oct 10, 1955, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE Gerald C Palmer MD Deputy Medical Examiner M.D. ADDRESS (Street, city, town, state) Bel Air Md DATE SIGNED 10/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 25/55
NAME OF CEMETERY OR CREMATORY Greek Orthodox
LOCATION (City, town, or county) Baltimore Md (State)

24. REC'D BY REGISTRAR DATE 10-24-55
REGISTRAR'S SIGNATURE Priscilla Linwood
25. FUNERAL DIRECTOR'S SIGNATURE Joseph J Foster ADDRESS Bel Air Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9790 **CERTIFICATE OF DEATH** 09800

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY Harford MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre-de-Grace LENGTH OF STAY (in this place) 4 hrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Memorial Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 24 STREET ADDRESS (If rural give location) Chesapeake Drive 1
3. NAME OF DECEASED (Type or Print) (First) Leslie (Middle) (Last) Daniel	4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	6/29/1898	57 yrs.	3	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef or Cook	Restaurant	Danysburg, N.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo M. Daniel	Kelia P. High

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unknown	Unknown	Mrs Mary A. Daniel, Havre de Grace

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE	(A)	Acute Coronary thrombosis with myocardial infarction and Cardiac decompensation	1 day.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)		
	DUE TO (C)	Arterioslerotic cardiovascular disease	unknown.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	—	—
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3rd, 1955, to Oct 3rd, 1955, that I last saw the deceased alive on Oct 3rd, 1955, and that death occurred at 7:12 P.M, from the causes and on the date stated above.

SIGNATURE Edward Broomm M.D. ADDRESS (Street, city, town, state) 420 N. Union Ave. Havre de Grace Md. DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/7/55	Maury	Richmond, Va.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 5-1955	A. L. Lewis M.D.	Pennington	Havre de Grace, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

RECEIVED

OCT 6 1955

BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09801

9807 **CERTIFICATE OF DEATH**

Reg. Dist. No. 181

1. PLACE OF DEATH ABINGDON COUNTY Harford MARYLAND ~~CITY OR~~ TOWN (If outside corporate limits, write RURAL and give nearest town) nr ABERDEEN LENGTH OF STAY (In this place) 7 years ~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS Long Bar Harbour	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nr ABERDEEN STREET ADDRESS (If rural give location) Long Bar Harbour

3. NAME OF DECEASED (Type or Print)	(First) MAGDALENA	(Middle) —	(Last) DINKA	4. DATE OF DEATH	(Month) Oct (Day) 30 (Year) 1955

5. SEX F	6. COLOR OR RACE W	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) married	8. DATE OF BIRTH July 24, 1896	9. AGE last birthday 59 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) CZECHOSLOVAKIA	12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME MICHAL Machliea	14. MOTHER'S MAIDEN NAME ROSE (Do-Not-Know)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —	16. SOCIAL SECURITY NO. 219-10-4483	17. INFORMANT & ADDRESS John Virita Sr. Long Bar Harbor, Abingdon Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
155X IMMEDIATE CAUSE (A)	CARCINOMA of GALL-BLADDER	6 month
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	GENERALIZED METASTASES	
DUE TO (C)	—	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	—	

19a. DATE OF OPERATION Oct 10th 1955	19b. MAJOR FINDINGS OF OPERATION Ca Gall-Bladder c Meta-Stase	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) — (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4th, 1955, to Oct 30, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE A Dziedecki M.D M.D.	ADDRESS (Street, city, town, state) Bel Air, Md	DATE SIGNED 10.30.1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	DATE THEREOF Nov 1-1955	NAME OF CEMETERY OR CREMATORY Riverhurst Cemetery	LOCATION (City, town, or county) (State) Endicott, New York
24. REC'D BY REGISTRAR DATE Nov. 1-1955	REGISTRAR'S SIGNATURE Nellie R. Perry	25. FUNERAL DIRECTOR'S SIGNATURE John G. Varring	ADDRESS Aberdeen Md.

RECEIVED

NOV 2 1955

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9791 **CERTIFICATE OF DEATH** 09802

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre de Grace
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ~~Harford~~ Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point 07X-2
STREET ADDRESS (If rural give location) Box 702

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ernest Roosevelt Dishman

4. DATE OF DEATH (Month) (Day) (Year) October 25 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 1, 1912
9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant
10b. KIND OF BUSINESS OR INDUSTRY U.S.V. Hospital
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME David Dishman
14. MOTHER'S MAIDEN NAME Lena Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 410-01-8499
17. INFORMANT & ADDRESS Bessie A. Dishman. Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE(S) DUE TO (B) Chronic Myocarditis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 04/1, 1953, to 10-25, 1955, that I last saw the deceased alive on 10-25, 1955, and that death occurred at 9:15 A M, from the causes and on the date stated above.

SIGNATURE A. L. Lewis MD M.D. ADDRESS (Street, city, town, state) Havre de Grace Md DATE SIGNED 10-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-28-55
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Bladensburg Rd., Md.

24. REC'D BY REGISTRAR DATE Oct. 27-1955
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Lewis Patterson & Son,
ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Roosevelt

June 1, 1912 43

Attendant U.S.V. Hospital U.S.A

No 410-01-2499 Bessie A. Dishman, Perry Point, Md

BUREAU V. S.

Burial 10-13-55 Fort Lincoln Cem. Bladensburg Rd. Md.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09803

9792 **CERTIFICATE OF DEATH**

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 24 Havre de Grace
LENGTH OF STAY (in this place): 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis 02X-2
STREET ADDRESS (If rural give location): R.D. # 2 ✓

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Sophia (Last) Doering

4. DATE OF DEATH (Month) (Day) (Year): October 18, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 7/15/1873
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES H. PITCOCK ~~Unknown~~
14. MOTHER'S MAIDEN NAME: ARABELLA LEIGHT ~~Unknown~~

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Franklyn O. Doering Annapolis Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A)	Cerebral embolism	few minutes
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Myocardial infarction	5 days
	DUE TO (C)	Coronary Occlusion acute	5 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Arteriosclerosis	10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1955, to Oct 18, 1955, that I last saw the deceased alive on Oct 18, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE: [illegible] Arbert M.D. M.D.
ADDRESS (Street, city, town, state): Havre de Grace Md.
DATE SIGNED: Oct 18 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-21-55
NAME OF CEMETERY OR CREMATORY: Mountain Ch. Yard.
LOCATION (City, town, or county): Harford Co.
(State): Md.

24. REC'D BY REGISTRAR DATE: Oct 20-55
REGISTRAR'S SIGNATURE: G. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: R. Madison Mitchell
ADDRESS: Havre de Grace Md.

9793

09804
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Port Deposit 07X-2
STREET ADDRESS (If rural, give location) 73 North Main

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Rawlings (Last) Gibson

4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 11, 1911

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Gibson

14. MOTHER'S MAIDEN NAME: Bessie E. Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-1782

17. INFORMANT & ADDRESS: Florence L. Gibson, Port Deposit, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 816X Immediate cause	(a) Fracture skull	—
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO	(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fracture R femur	—

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Susquehanna Bridge Route 40
21c. (City or town) Perryville, (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 10 (Day) 4 (Year) 55 (Hour) 12:40 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident, auto - auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct. 7, 1955
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md

DATE REC'D BY LOCAL REG. Oct 5-1955
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Geo. Patterson & Son
ADDRESS Perryville Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09805

9808

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - STREET
LENGTH OF STAY (in this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - STREET
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLES AUGUSTINE GLACKIN

4. DATE OF DEATH: (Month) (Day) (Year) OCT. 20, 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG. 20, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY: AGRI.

11. BIRTHPLACE (State or foreign country): HARFORD CO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES R. GLACKIN

14. MOTHER'S MAIDEN NAME: CAROLINE R. SWEENEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. MAHALA GLACKIN, STREET, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Carcinoma of the Head of PANCreas

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 1955

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of the Head of pancreas

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1955, to Oct 20, 1955, that I last saw the deceased alive on Oct 20, 1955, and that death occurred at 12:15 P M, from the causes and on the date stated above.

SIGNATURE Malcolm Dudley Phillips M.D. ADDRESS Darlington, Md DATE SIGNED 10/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 10-24-55
NAME OF CEMETERY OR CREMATORY: ST. MARYS
LOCATION (City, town, or county) (State): PYLESVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR: 10-23-55
REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR ADDRESS: JOHN H. HARKINS, DELTA, PA.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09806

9809 **CERTIFICATE OF DEATH**

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x Putnam Road
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Putnam Road x
STREET ADDRESS (If rural give location) Forest Hill, Rd 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Stanley Gover

4. DATE OF DEATH (Month) (Day) (Year) Oct 23, 1955

5. SEX Male
6. COLOR OR RACE col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb 24th 1890
9. AGE last birthday 65 yrs.
IF UNDER 1 YEAR Months 8 Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY general
11. BIRTHPLACE (State or foreign country) Madonna Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Gover
14. MOTHER'S MAIDEN NAME Martha A. Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 217-03-6076
17. INFORMANT & ADDRESS Edna A. Gover Forest Hill Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1
IMMEDIATE CAUSE (A) Cerebral thrombosis
INTERVAL BETWEEN ONSET AND DEATH 20 min.(appro
ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO (C) Chronic cardio-vascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to October, 1955, that I last saw the deceased alive on Oct. 15, 1955, and that death occurred at 8:45a M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D.
ADDRESS (Street, city, town, state) Forest Hill, Md.
DATE SIGNED October 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 26th 55
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Forest Hill, Harford. Md

24. REC'D BY REGISTRAR DATE 10-29-55
REGISTRAR'S SIGNATURE Priscilla Forward
25. FUNERAL DIRECTOR'S SIGNATURE Martin G. Kurtz
ADDRESS Jarrettsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

Harford Md

Putnam Road 40 yrs

Forest Hill, Md

Oct 23, 57

Male Col. Married Feb 24 1894 63

Farmer General Madonna Md

George Gover

Martha A Hall

Fallston Md

No 219-03-[illegible] Edna C. Gover

BUREAU V. S.

OCT 31 1957

Burial Oct 26 57 Fairview Forest Hill, Harford Md

[illegible] Fallston Md.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09807

9810

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Harford	MARYLAND	STATE Maryland	COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa, R.D.	LENGTH OF STAY (in this place) 26 yrs.,	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa, R.D.,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Slater	Greenfield	Oct.	2,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	May, 8, 1893	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stock Clerk	U.S. Govt.,	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel B. Greenfiled	Wilanna Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		218-03-0888	Mrs. Pearl E. Greenfield, Joppa, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
782.4 IMMEDIATE CAUSE	(A)	Acute cardio resp. failure	immediate
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Myocardial disease	2 years.
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		—	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from ...., 19......, to ...., 19......, that I last saw the deceased alive on ...., 19......, and that death occurred at 2:30 P.M, from the causes and on the date stated above.

SIGNATURE H. P. Sadwell M.D. / Dr. ... Palmer M.D. Deputy Medical Examiner — ADDRESS (Street, city, town, state) Bel Air Md. — DATE SIGNED 3 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct.5,1955	Mountain Christian	Joppa, Harford, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct 4, 1955	Norma J. Moore	Howard K. McComas Jr.	

Howard K. Mc Comas & Son, Abingdon, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09808

9811 **CERTIFICATE OF DEATH** Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHITEFORD
LENGTH OF STAY (in this place) 66 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHITEFORD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) ELWOOD (Last) HUGHES
4. DATE OF DEATH: (Month) OCT. (Day) 29 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 18, 1889
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SLATE CUTTER
10B. KIND OF BUSINESS OR INDUSTRY: SLATE
11. BIRTHPLACE (State or foreign country): WHITEFORD, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: THOMAS HUGHES
14. MOTHER'S MAIDEN NAME: JULIA MORRISON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 185-09-9769
17. INFORMANT & ADDRESS: MRS. KATHRYN HUGHES, WHITEFORD MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 161X

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Carcinoma of larynx	2 yrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	with metastasis.	
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NOV. 1953
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of larynx
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 28, 1949, to Oct 20, 1955, that I last saw the deceased alive on Oct 20, 1955 and that death occurred at 11:15 A M, from the causes and on the date stated above.
SIGNATURE Charles A. Neff MD M.D. ADDRESS Street, Md. DATE SIGNED Oct 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 10-24-55
NAME OF CEMETERY OR CREMATORY EMORY
LOCATION (City, town, or county) (State) STREET, MD.

DATE REC'D BY LOCAL REGISTRAR 10-23-55
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR ADDRESS JOHN H. HARKINS, DELTA, PA.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9794

CERTIFICATE OF DEATH

09809

Reg. Dist. No. 185

1. PLACE OF DEATH MARYLAND
COUNTY: HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 24 HAVRE de GRACE
LENGTH OF STAY (in this place): 3 1/2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL Rt #2 X
STREET ADDRESS (If rural give location): HAVRE de GRACE

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) S (Last) LEE

4. DATE OF DEATH (Month) October (Day) 31 (Year) 19 55

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1/16/1881
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Kincaid
14. MOTHER'S MAIDEN NAME: Sarah Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: C. Oliver Lee, Havre de Grace, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X IMMEDIATE CAUSE (A) Carcinoma of Sigmoid Colon with

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) metastasis — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Cardiovascular disease — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1st, 1955, to Oct. 31st 1955, that I last saw the deceased alive on Oct. 31st, 1955, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE: Edward C. Brown M.D.
ADDRESS (Street, city, town, state): 420 North Union Ave., Havre de Grace, Md.
DATE SIGNED: 10/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/2/55
NAME OF CEMETERY OR CREMATORY: Rock Run
LOCATION (City, town, or county) (State): Level, Harford Co. Md.

24. REC'D BY REGISTRAR DATE: 11-2-55
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Havre de Grace, Md.

RECEIVED
NOV 3 1955
BUREAU V. S.

9795

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 09810 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bel Air — LENGTH OF STAY (in this place): Transient

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. C. COUNTY Robeson

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Rowland — 70x.3

STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): (First) Boyd (Middle) (Last) Lindsay

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1955

5. SEX: M — **6. COLOR OR RACE:** White — **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married — **8. DATE OF BIRTH:** April 7 - 1910 — **9. AGE last birthday:** 45 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): — **10b. KIND OF BUSINESS OR INDUSTRY:** Farmer — **11. BIRTHPLACE** (State or foreign country): N. Carolina — **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: Will Lindsay — **14. MOTHER'S MAIDEN NAME:** Clara Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — **16. SOCIAL SECURITY No.:** ✓ — **17. INFORMANT & ADDRESS:** Henry Lindsay Raynham N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 — INTERVAL BETWEEN ONSET AND DEATH: —

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19a. DATE OF OPERATION: — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — **21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 10/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Oct 21/55 — **NAME OF CEMETERY OR CREMATORY:** Raynham Baptist — **LOCATION** (City, town, or county): Rowland Robeson Co (State) NC

DATE REC'D BY LOCAL REG.: 10-18-55 — **REGISTRAR'S SIGNATURE:** Priscilla Forwood — **24. FUNERAL DIRECTOR:** Jos. T. Foster — **ADDRESS:** Bel Air Md

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VS. A15A - 5 - 53

32 00

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9812

09811 Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STREET RD.
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL STREET
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) C (Last) LOWE

4. DATE OF DEATH: (Month) 10 - (Day) 10 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify):

8. DATE OF BIRTH: 5-12-1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): PYLESVILLE, MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GRAFTON DEVOE

14. MOTHER'S MAIDEN NAME: Rebecca THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs Edward Marcelle, Street Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 Immediate cause (a)	Bronchial Pneumonia	2 Days
DUE TO Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Chronic Bronchitis	5 yrs
DUE TO (c)	Chronic myocarditis	6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Oct. 9, 1955, that I last saw the deceased alive on Oct 9, 1955 and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Snodgrass M.D.
ADDRESS Darlington Md
DATE SIGNED 10/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-12-55
NAME OF CEMETERY OR ~~CREMATORY~~ FRIENDS
LOCATION (City, town, or county) (State) FAWN GROVE, YORK CO. PA.

DATE REC'D BY LOCAL REGISTRAR 10-11-55
REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR ADDRESS W. Howard Webb Fawn Grove Pa.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09812

9813

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Md
LENGTH OF STAY (in this place) 2 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whitemarsh
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Lapold (Middle) (Last) Lurding

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH May 23 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Clarksburg Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benjamin Lurding
14. MOTHER'S MAIDEN NAME Anna Bodeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS Mrs Lula Long

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

IMMEDIATE CAUSE (A) Cerebral Hemorrhage (second episode)

ANTECEDENT CAUSE(S) DUE TO (B) ~~Chr, hypertensive cardio-vascular disease~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. **I hereby certify** that I attended the deceased from Oct. 20, 1955, to Oct. 25, 1955, that I last saw the deceased alive on ...., 19........, and that death occurred at ....M, from the causes and on the date stated above.

SIGNATURE Willard R Hudson M.D.
ADDRESS (Street, city, town, state) Forest Hill Md
DATE SIGNED 10/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 29 1955
NAME OF CEMETERY OR CREMATORY Mountain Christian
LOCATION (City, town, or county) (State) Joppa Md

24. REC'D BY REGISTRAR DATE 10-31-55
REGISTRAR'S SIGNATURE Priscilla Forwood
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Archer
ADDRESS

RECEIVED

NOV 13 [illegible]

BUREAU V. S.

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9796 **CERTIFICATE OF DEATH** 09813

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford County, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace; LENGTH OF STAY (in this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Edgewood; STREET ADDRESS (If rural give location): Edgewood Maryland

24

71

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	A.	Martin		October	9	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7/8/1893	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Keeper	U.S. Govt.	W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles D. Martin	Mary Webb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		230-07-4756	Lester D. Martin Edgewood Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	162X Bronchogenic Carcinoma	about 6 months
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)		
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	—	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
—		

22. I hereby certify that I attended the deceased from Sept. 20th, 1955, to Oct. 9th, 1955, that I last saw the deceased alive on Oct. 9th, 1955, and that death occurred at 6:15 a.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward Groom M.D.	420 N. Union Ave. Havre de Grace, Md.	10/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 12, 1955	Mountain Christian	Joppa, Harford	Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct 10-1955	A. L. Lewis M.D.	Howard K. McComas	Abingdon Md

Howard K McComas Son

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

9797

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09814

Item 12 Film 187 10-17-55 et

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bel Air Ave in front of Post Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Abingdon
STREET ADDRESS (If rural, give location) Long Bar Harbor

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Masek
4. DATE OF DEATH (Month) October (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 28 1881
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Masek
14. MOTHER'S MAIDEN NAME: Anna Rosenkrane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-18-9671
17. INFORMANT & ADDRESS: Anna Masek, Long Bar Harbor, Abingdon, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/10/55
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) (State) Aberdeen Maryland.

DATE REC'D BY LOCAL REG. October 8-55
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Tarring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A-5-53

74

RECEIVED

OCT 11 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09815

9814

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford **MARYLAND**	**2. USUAL RESIDENCE (HOME) OF DECEASED** STATE Md COUNTY Harford
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gibson Md — LENGTH OF STAY (in this place) 30 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gibson X
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) John (Middle) T (Last) Monahan Sr

4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	July 4 - 1875	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Upper Cross Rds	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T Monahan	Mary Cain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		216-10-7494	Mrs John T Monahan Sr Forest Hill Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A)	Cerebrial Hemorrhage	36 hr
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Arteric Sclerosis	5 yr
DUE TO (C)	Myocarditis	5 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15 1955, to Oct 3, 1955, that I last saw the deceased alive on Oct 1st, 1955, and that death occurred at 7 A.M, from the causes and on the date stated above.

SIGNATURE F P Snodgrass M.D. **ADDRESS** (Street, city, town, state) Darlington Md **DATE SIGNED** Oct 3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 5/55	St Ignatius	Hickory	Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 10-3-55	Priscilla Fonwood	Joseph T Test	Bel Air Md

RECEIVED

OCT 6 1955

BUREAU V. S.

9798

09816
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 2,5,8,7,9,12,13,14

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

1. PLACE OF DEATH: COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace

LENGTH OF STAY (in this place) 10 minutes

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY *****

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore 3V01.4

STREET ADDRESS (If rural, give location) 708 W. Fairmount Avenue

3. NAME OF DECEASED (Type or Print): (First) Rudolph (Middle) J. (Last) Moore

4. DATE OF DEATH (Month) October (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Approx. 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF OCT 12 1955

NAME OF CEMETERY OR CREMATORY U OF M MEDICAL SCHOOL

LOCATION (City, town, or county) (State) 29 S GREEN ST

DATE REC'D BY LOCAL REG. Oct. 24, 1955

REGISTRAR'S SIGNATURE Dr. A. L. Lewis

24. FUNERAL DIRECTOR Duffel Bro ADDRESS 1800 E LOMBARD ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09817

CERTIFICATE OF DEATH

9815

Reg. Dist. No. 180

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Harford	MARYLAND	STATE Maryland	COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon	LENGTH OF STAY (in this place) 23 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emily	Frances	Morkosky	Oct. 13, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	married	Mar.27,1917	38 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	none	Baltimore, Md.,	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Chovjan	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		none	Bohus Morkosky, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X IMMEDIATE CAUSE (A) Tuberculosis Far advanced — 6 yrs

ANTECEDENT CAUSE(S) DUE TO (B) Pulmonary with cavitation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1949, to 10-13, 1955, that I last saw the deceased alive on 10-13, 1955, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE Fred O Hodous M.D. — ADDRESS (Street, city, town, state) Edgewood Md — DATE SIGNED 10-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct.17,1955	Holy Redeemer	Baltimore	Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct 15, 1955	Norma G. Moore	Howard K. Mc Comas & Son / Howard K. McComas Jr	Abingdon, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09818

9799 **CERTIFICATE OF DEATH**

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre de Grace
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 24
STREET ADDRESS (If rural give location) 397 Wilson St. 1

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Osborne

4. DATE OF DEATH (Month) October (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	C	Widowed	1/8/1886	69 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	NONE	CARLYLE, Pa.	U.S.A.

13. FATHER'S NAME HENRY McFARLAND
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. ~~UNKNOWN~~
17. INFORMANT & ADDRESS Phillip Fickins (Havre de Grace)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 023X
IMMEDIATE CAUSE (A) Uremia.
ANTECEDENT CAUSE(S) DUE TO (B) Hypertensive C-V. Disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes Mellitus. Syphilis.
260X
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 5, 1955, to October 13, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE A. Sandecki M.D. M.D. — ADDRESS (Street, city, town, state) 15 Courtland St, BEL AIR Md — DATE SIGNED 10.14.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	10/15/55	MT CALVARY	Aberdeen, Md	

24. REC'D BY REGISTRAR DATE Oct. 15 - 1955 — REGISTRAR'S SIGNATURE G. L. Lewis M.D. — 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pennington Fun. Serv., Havre de Grace Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09819

9816

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural # 1. near Perryman.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural #1.
STREET ADDRESS (If rural give location) near Perryman.

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) Nelson (Last) Richardson

4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1955

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 21st. 1867
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George N. Nelson
14. MOTHER'S MAIDEN NAME Elizabeth Ann Gallup.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS Geo. Willard Richardson Aberdeen R.D #1. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2
IMMEDIATE CAUSE (A) Chronic Myocardial Degeneration
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1955, to Oct. 12, 1955, that I last saw the deceased alive on Oct. 12, 1955, and that death occurred at 4 A.M, from the causes and on the date stated above.

SIGNATURE Howard A. Holloway M.D. ADDRESS (Street, city, town, state) Perryman, Md. DATE SIGNED Oct. 13, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/15/55
NAME OF CEMETERY OR CREMATORY Spesutia Cemetery
LOCATION (City, town, or county) Perryman (State) Md.

24. REC'D BY REGISTRAR DATE Oct 14-55
REGISTRAR'S SIGNATURE Nellie R. Perry
25. FUNERAL DIRECTOR'S SIGNATURE John G. Tarring ADDRESS Aberdeen Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09820

9817 CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): x Benson
LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Whittaker Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Benson
STREET ADDRESS (If rural give location): Whittaker Mill Rd

3. NAME OF DECEASED (Type or Print) (First) Magdalena (Middle) — (Last) SCHUMM

4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: ~~Oct~~ 4.13.1863
9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Louis Kroll
14. MOTHER'S MAIDEN NAME: Mary Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Katherine Hesse, 833 E. Belvedere Ave, Balto, Md

18. MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
904.9 IMMEDIATE CAUSE (A) Congestive C-V Failure with Edema
ANTECEDENT CAUSE(S) DUE TO (B) Fracture of Left Hip, not healed
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Old age (92)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: May 10th 55
19b. MAJOR FINDINGS OF OPERATION: Fracture of Neck of Left Humerus
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) Benson (County) Harford (State) Maryland
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 4 1955 5 PM M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell Heavily on her Lt Hip

22. I hereby certify that I attended the deceased from Sept 29, 1955, to Oct 6, 1955, that I last saw the deceased alive on Oct 1st, 1955, and that death occurred at 9:40 AM, from the causes and on the date stated above.

SIGNATURE: H Sandecki M.D. M.D. — ADDRESS (Street, city, town, state): 15 Courtland, Bel Air Md — DATE SIGNED: 10.6.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 10-10-55
NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD, MD.

24. REC'D BY REGISTRAR DATE: Oct. 10, 1955
REGISTRAR'S SIGNATURE: Priscilla Forwood
25. FUNERAL DIRECTOR'S SIGNATURE: Charles S. Zuler
ADDRESS: 401 S. CONKLING ST., BALTO. 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. S.

RECEIVED

9818

09821
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Rural
LENGTH OF STAY (in this place): approx 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bush River Penna RR area

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Havre de Grace Rural
STREET ADDRESS (If rural, give location): Webster

3. NAME OF DECEASED (Type or Print): (First) Christian (Middle) Peter (Last) Smith

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 5-1903
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Automobile business
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John H. Smith
14. MOTHER'S MAIDEN NAME: Matilda Bodt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-07-6681
17. INFORMANT & ADDRESS: Matilda Bodt O. L. Parson, Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
978X
Immediate cause (a) Fracture Cervical Vertebra
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,): Penna RR Tracks
21c. (City or town) Aberdeen (County) Harford (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 30 '55 2 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Threw self from Bridge

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/2/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 5-1955
NAME OF CEMETERY OR CREMATORY: St. Paul's Lutheran Cemetery
LOCATION (City, town, or county) Aberdeen (State) Maryland

DATE REC'D BY LOCAL REG.: Oct 4-1955
REGISTRAR'S SIGNATURE: Nellie R. Perry
24. FUNERAL DIRECTOR: John G. Tarring ADDRESS Aberdeen Md.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09822

CERTIFICATE OF DEATH

9800

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND: Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace 24
LENGTH OF STAY (In this place): 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace 24
STREET ADDRESS (If rural give location): 226 S. Union Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Beulah Lyon Spencer

4. DATE OF DEATH (Month) (Day) (Year): 10/7/55 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 3/11/1875
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Havre de Grace
12. CITIZEN OF WHAT COUNTRY?: U S A.

13. FATHER'S NAME: Geo. T. Lyon
14. MOTHER'S MAIDEN NAME: Maria Pennington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Thomas Lyon, Havre de Grace Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) cardio vascular disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1950, to Oct 7, 1955, that I last saw the deceased alive on Oct 7, 1955, and that death occurred at ...... M, from the causes and on the date stated above.

SIGNATURE: A. L. Lewis M.D.
ADDRESS (Street, city, town, state): Havre de Grace, Md
DATE SIGNED: 10/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/10/55
NAME OF CEMETERY OR CREMATORY: Angel Hill
LOCATION (City, town, or county) (State): Havre de Grace, Md.

24. REC'D BY REGISTRAR DATE: Oct. 10-55
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Pennington & Son
ADDRESS: Havre de Grace Md.

9819 09823

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon
LENGTH OF STAY (in this place) 1 yr.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Audrey (Middle) E (Last) Thomas

4. DATE OF DEATH (Month) October (Day) 17 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Apr. 15, 1920
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Comptometer Operator
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Keys
14. MOTHER'S MAIDEN NAME: Mary L. Seifert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Edward W. Thomas, Sr., Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 976X
Immediate cause (a) Gunshot wound cerebrum
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,) Home
21c. (City or town) Abingdon (County) Harford (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) October 17, 1955 1 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot self with pistol

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct.21,1955
NAME OF CEMETERY OR CREMATORY Trinity Lutheran
LOCATION (City, town, or county) (State) Joppa, Harford, Md.

DATE REC'D BY LOCAL REG. Oct 22, 1955
REGISTRAR'S SIGNATURE Norma G. Moore
24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon, Md.
Howard K. McComas Jr

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A-5-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09824

9801

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 24 Havre-de-Grace
LENGTH OF STAY (in this place): 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Aberdeen. 31
STREET ADDRESS (If rural give location): 50 Raymond Ave 1

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) M (Last) Toner

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 29 1898
9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: Felix Jaworsky.
14. MOTHER'S MAIDEN NAME: Mary ? Krazar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Richard J. Toner. Husband.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 162X IMMEDIATE CAUSE (A)	Cardiac decompensation	10-16-55
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)	Bronchogenic Carcinoma	
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1955, to 10-16, 1955, that I last saw the deceased alive on 10-16-, 1955, and that death occurred at 4:55 P M, from the causes and on the date stated above.

SIGNATURE: E. J. Lemon M.D. — ADDRESS (Street, city, town, state): Havre De Grace, Md — DATE SIGNED: 10-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 19, 1955
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens
LOCATION (City, town, or county): Bel Air — (State): Md

24. REC'D BY REGISTRAR DATE: Oct. 19-1955
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John G. Tarring — ADDRESS: Aberdeen Md

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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RECEIVED

OCT 30 1954

BUREAU V. S.

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10913

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McComas Funeral Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE U COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) N K 12X-1
STREET ADDRESS N O W N (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Unidentified (John Doe)

4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: U
9. AGE last birthday: 50? yrs. IF UNDER 1 YEAR Months U Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): N K
10b. KIND OF BUSINESS OR INDUSTRY: N K
11. BIRTHPLACE (State or foreign country): N K
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: N O W N
14. MOTHER'S MAIDEN NAME: N O W N

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: W N
17. INFORMANT & ADDRESS: W N

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 929.8

Immediate cause (a) Drowning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): River
21c. (City or town) (County) (State): Bush River in Harford County, Maryland 12

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10/15/55 10 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 1
21f. HOW DID INJURY OCCUR? Presumably drowned, accidentally.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V Lovitt M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Nov. 23, 1955
REGISTRAR'S SIGNATURE W. H. Hedrick
24. FUNERAL DIRECTOR ADDRESS

M

I

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VS. A15A - 5 - 53

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09825

9802 **CERTIFICATE OF DEATH**

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 24 Havre-deGrace
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 71 Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre-de-Grace x
STREET ADDRESS (If rural give location): RD# 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ethel Elizabeth Washington

4. DATE OF DEATH (Month) (Day) (Year): 10 - 1 - 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-19-1893
9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic work
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel B. Kelly.
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Banks.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Edward Washington

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
334 x IMMEDIATE CAUSE	(A)	Pulmonary Oedema - Uremia	1 day -
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Hemiplegia left -	12 days
	DUE TO (C)	Arterio sclerosis - hypertension	10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20 1955, to Oct 1, 1955, that I last saw the deceased alive on Oct 1, 1955, and that death occurred at 5:30 P M, from the causes and on the date stated above.

SIGNATURE: Frank Walbert MD M.D.
ADDRESS (Street, city, town, state): Havre de Grace Md
DATE SIGNED: Oct. 1. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-5-55
NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
LOCATION (City, town, or county) (State): Churchville, Md.

24. REC'D BY REGISTRAR DATE: OCT 3, 1955
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Otelia J. Bullock - Havre de Grace, Md.

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

VS A15C 1-55 10M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09826

9803

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 Havre DeGrace
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 840 Ontario, St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 24
STREET ADDRESS (If rural give location) 840 Ontario, St. 1

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Hobgood (Last) Willan

4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Sept. 17, 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Retired)
10b. KIND OF BUSINESS OR INDUSTRY U.S. F & G.
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm. Henry Hobgood
14. MOTHER'S MAIDEN NAME Martha Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 215-07-8633
17. INFORMANT & ADDRESS Mr. Sterling P. Willan Havre de Grace, Md.

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
157X IMMEDIATE CAUSE (A) Cardiac Insufficiency - Anemia
ANTECEDENT CAUSE(S) DUE TO (B) Suspected Carcinoma of pancreas
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3rd, 1955, to Oct 4, 1955, that I last saw the deceased alive on Oct 4, 1955, and that death occurred at 1 M, from the causes and on the date stated above.
SIGNATURE A. L. Lewis M.D. ADDRESS (Street, city, town, state) Havre de Grace DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 6, 1955
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) (State) Havre de Grace, Md.

24. REC'D BY REGISTRAR DATE Oct. 5-1955
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
25. FUNERAL DIRECTOR'S SIGNATURE R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9818

Harford

Havre de Grace

540 Ontario St

Mary Harford Wilson

Female White

Divorced

Sept 17 1878 77

U.S.

Wm Henry Rogers

Martha Sanders

215-07-3633

BUREAU V. S.

OCT 6 1955

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09827

9804

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY HARFORD	MARYLAND	STATE MD.	COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 31 ABERDEEN	LENGTH OF STAY (in this place) LIFE	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ABERDEEN 31	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 N. PHILADELPHIA, RD.		STREET ADDRESS (If rural give location) 118 N. PHILADELPHIA, RD.	

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) MITCHELL (Last) WORTHINGTON

4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MAR. 2, 1882	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FIREMAN	A.P.G.	MD.	U.S.A.

13. FATHER'S NAME JOHN WORTHINGTON

14. MOTHER'S MAIDEN NAME SARAH NELSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS MRS. LOTTIE MAGRAW WORTHINGTON ABERDEEN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE (A)	Cerebral Haemorrhage	5 wk
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Arterial Hypertension	5 yr
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12-55, 19......, to 10-1-55, 19......, that I last saw the deceased alive on 10-1-55, 19......, and that death occurred at 8 A.M, from the causes and on the date stated above.

SIGNATURE Walter P. Kaufman, M.D. M.D. — ADDRESS (Street, city, town, state) Aberdeen, Md — DATE SIGNED 10-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	OCT. 4 1955	ANGEL HILL CEM.	HAVRE DE GRACE	MD.

24. REC'D BY REGISTRAR DATE Oct 3-55 — REGISTRAR'S SIGNATURE Nellie R. Perry — 25. FUNERAL DIRECTOR'S SIGNATURE R. Madison Mitchell — ADDRESS Havre de Grace, MD.

INSTRUCTIONS

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VS A15C 1-55 10M

9094

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Harford
City: Aberdeen
Length of stay: Life
Street address: 1154 Philadelphia, Pa

2. USUAL RESIDENCE OF DECEASED
State: Md. County: Harford
City: Aberdeen
Street address: 1154 Philadelphia, Pa.

3. NAME OF DECEASED: George Mitchell Worthington
4. DATE OF DEATH: Oct. 1 -53

Male White Married Mar. 2, 1882 73

Fireman A.P.G. Md U.S.A.

Father's name: John Worthington
Mother's maiden name: Sarah Nelson

Informant: Mrs. Hattie Magraw Worthington, Aberdeen, Md.

MEDICAL CERTIFICATION
Cerebral Hemorrhage 1 wk
Arterial Hypertension 5 yr

BUREAU V. S.

10-1-53 OCT 5 1953

Burial Oct 4-1953 Angel Hill Cem. Havre de Grace, Md

Funeral director: Pennington [illegible] Havre de Grace, Md